1 FD CAN 489

NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets if necessary.)



NAME Charles L. MYERS	LENGTH OF RESIDE	SECRETARY OF	AN HELLER TARY OF STATE	
MAILING ADDRESS 560 BUILDAD RX CITY, STATE, ZIP ELKO NV 89801	LENGTH OF RESIDE VOTE	NCE IN DISTRICT V		
TELEPHONE 775-738-4746	_	NRS 281.571(1)(a)	
List all public offices for which this financial disclosure state	ement is required [NRS :	281.571, Subsection	1(g)]:	
		ANNUAL all elected and appointed public	(no later than to fill	POINTMENT unexpired term an elected or
		officers 5 (no later than Jan. 15	ifter the last day app to qualify as a	oointed public officer
A FUNC ONCE	Annual Term or pensation Date Appointed	each year) NRS 281.559(1)(b) 281.561(1)(b)	NRS	thin 30 days) NRS 281.559(1)(a)
County Commissioner \$2:	3784 1/1/63			
\$\$				
		L	L	Ц
List all general sources of income for you and members of y	Our household over 18	veers of age IND	C 204 E74 Cubaa	ation differen
)	rodi frodscriola over 10	years or age link	Self	Gron 1(b)j: Household Member
JOIN, FAC	<u> </u>		X	
U.S. Almy Retired				
BOAT BURINESS "ELLLO GRAND VICE	W MARINE "		X	M
NEUKOA STATE BANK			🗆	M
Elle County Comaission				
List each creditor to whom you or a member of your househ	nold owes \$5,000 or mo	ore [except (1) de	bt secured by i	mortgage
or deed of trust on real property which is not required to be wehicle for personal use was retained by seller] [NRS 281.571,	listed below. and (2) de	ebt for which a se	curity interest in	n a motor
1		1	Self	Household Member
RUM NEUNDA Development	Corporation	<u> </u>	Z	Wei⊓bei
	-		🗖	
·			🗆	
			□	

	beneficiary of a trust, di curity representing 1% or						
•	LAND VIEW	Maxin	SE-	<u> </u>		Self	Household Member
your household has a	and particular use of all legal or beneficial intere tate [NRS 281.571, Subsecti	est; (2) the fair n			0 or more; and (3		
Specific Location Now				Particular Use			
during the preceding consanguinity or affini occasion if the donor (INRS 281.571, Subsection	NWE	a gift received ifts received for tial interest in yo Donor	from a persor a birthday, w our legislative	nwho is related edding, annivers	to you within the sary, holiday or o or political action	third de ther cere	emonial
					\$		
	HAVE PROVIDED HER		ATE AND CO	OMPLETE.			

List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership, firm, business, trust joint venture, syndicate, corporation or association) with which you or a member of your household is